STATEMENT OF

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FORM 1		ORGANIZATION							Office Use	Only	
1. NAME OF COMMITTEE (ir	n full)	(Check if			ole: If typing, he lines.	type	12FE		Office Ose	Offig	
DYNCORP	INTE	RNATION	AL LLO	C PO	LITICA	L AC	IOIT	N CC	MMI	TTEE	<u> </u>
ADDRESS (number and street)		1700 Old Meadow	Road								
X ◀ (Check if address is changed)											
		McLean CITY A					VA STATE		2102		EA
COMMITTEE'S E-MA	AIL ADDRES	SS									
(Check if address is changed)		jane.crumpler	@dyn-intl.	com							
		Optional Second	E-Mail Addı	ress							1
COMMITTEE'S WEE (Check if a is changed)	address	LILIU (UNL)									
2. DATE 0	M / D 23	2014	Y								
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C co	0409979							
4. IS THIS STATE	MENT	NEW (N)	OR	×	AMENDE	D (A)					
I certify that I have e	examined th	is Statement and t	o the best o	of my kno	owledge and	belief it	is true, c	orrect ar	nd comple	ete.	
Type or Print Name	of Treasurer	John Gastright									
Signature of Treasure	er <i>John</i> (Gastright		[1	Electronically F	Filed]	Date	M = M 01	23	/ Y	2014
NOTE: Submission of		eous, or incomplete a		-					e penaltie	s of 2 U.S	S.C. §437g.
Office Use Only				F	or further information of the second	Commissio 4-9530				FORM ed 06/201	